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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

(This return should preferably be made
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

Local Registrar's No.* 190

Place of Birth Globe County Gila No. _____ St. _____
(Registration District)

SEX OF CHILD *	Twin Triplet or other?	and	Number * in order of birth
<u>Female</u>			

DATE OF BIRTH August 28 1923
(Month) (Day) (Year)

FULL NAME Demetrios Pouloupoulos
FATHER

FULL MAIDEN NAME Melpa Brigopoulos
MOTHER

I HEREBY CERTIFY that the child described herein has
been named

Eftixia Pouloupoulos
(Given name in full) (Surname)

Demetrios Pouloupoulos
(Father's or Mother's Signature)

Dr. C. J. Sotel
(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
Local registrars must mail supplemental reports immediately to state registrar.

PLEASE WRITE PLAIN AND IN INK.

572-828-492